## CITY OF BRIDGEPORT

## OFFICE OF HOUSING & COMMERCIAL CODE ENFORCEMENT

Office of: HOUSING & COMMERCIAL CODE ENFORCEMENT

999 BROAD STREET BRIDGEPORT, CT 06604

TELEPHONE (203) 576-6615

Signature of Applicant



Maritza Bond, MPH Director of Health & Social Services

## CERTIFICATE OF APARTMENT OCCUPANCY APPLICATION

* = Required information *PROPERTY ADDRESS:		Bridgeport, CT(Zip Code)
*UNITS TO BE INSPECTED (PI	ease be specific):	12p 3000)
*Unit Number:	*Tenant Name(s):	*Tenant Number:
*Unit Number:	*Tenant Name(s):	*Tenant Number:
*Unit Number:	*Tenant Name(s):	*Tenant Number:
*Unit Number:	_ *Tenant Name(s):	*Tenant Number:
*Unit Number:	_ *Tenant Name(s):	*Tenant Number:
*Unit Number:	*Tenant Name(s):	*Tenant Number:
*TOTAL UNITS IN BUILDING:	*TOTAL UNITS TO BE INSPECTED:	
*OWNER (Name & Address):   Mail Notice/CAO here only		The following to be filled in by office personnel FEE INFORMATION: TOTAL Paid:
		☐ Cash ☐ Check ☐ Money Order
		Receipt #: Check #
		Received By: Date
		INSPECTION DATE:  Date:
*Cell:		Time:
*Other Phone:		☐ Lead Inspection Required ☐ Lead Exempt
AGENT (Name & Address):   Mail Notice/CAO here only		Separate Lead Date
		Date:
		Time:
		Copy to Lead Paint Date:
		* * * * * * * * * * * * * * * * * * *
Phone:		☐ N/A ☐ No Card
Cell:		Assigned Inspector Census
Notes:		CAO CANCELLATION INFORMATION:  Date Cancelled:
		Reason: Too Old Never Entered
		Other:
*	*	

It is the applicant's responsibility to provide access to requested units/property upon the assigned inspection date! The Housing & Commercial Code Enforcement Officer and/or his representative reserve the right to cancel this application at any time. The fee will be forfeited upon cancellation.

Non-compliance with Section 15.12.250 could result in court action.

Updated Mar-2019

Date: